

FILED JAN 26 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2355
Registrar's No. 384

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2355		Registrar's No. 384			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence-4615 Lindell Blv'd.</u>				d. STREET ADDRESS (If rural, give location) <u>4615 Lindell Blv'd.,</u>							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>FRANK</u>			b. (Middle) <u>JAMES</u>			c. (Last) <u>CASTLE</u>		
4. DATE OF DEATH			(Month) <u>1</u>			(Day) <u>12</u>			(Year) <u>50</u>		
5. SEX <u>male</u>			6. COLOR OR RACE <u>white</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>			8. DATE OF BIRTH <u>Sept. 5, 1879.</u>		
9. AGE (In years last birthday) <u>70</u>			IF UNDER 1 YEAR Months _____			IF UNDER 1 YEAR Days _____			IF UNDER 1 YEAR Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired-sales mgr. & V.P. Ely Walker Co.</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Galesburg, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Frank J. Castle</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Emerson</u>				14. NAME OF HUSBAND OR WIFE <u>Bessie Sayles Castle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>88-07-9166</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Bessie E. Castle</u> ADDRESS <u>4615 Lindell</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertensive Cardio-vascular disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Esophageal Varix</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage due to</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>4 1/2 years</u> <u>4 days</u>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>443X</u>			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (m.) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>6-15</u> , 19 <u>45</u> , to <u>1-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-11</u> , 19 <u>50</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>P.D. Hagedorn</u>				23b. ADDRESS <u>4615 Lindell</u>				23c. DATE SIGNED <u>1-12-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>entombment</u>				24b. DATE <u>1-14-50</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum -</u>			
24d. LOCATION (City, town, or county) <u>St. Louis County</u>				24e. STATE <u>Missouri</u>				24f. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton & Sons-7233 Delmar Blv'd., University City, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>JAN 13 1950</u>				REGISTRAR'S SIGNATURE <u>[Signature]</u>				FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton & Sons-7233 Delmar Blv'd., University City, Missouri.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Peter S. Menzel
462 North Taylor
JE-2110

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Clarence H. Murray

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.